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COMBAT PAY FOR MEDICAL UNITS

Many will welcome assurance that the War Department is giving its attention to additional recognition for men of the Medical Corps serving with combat units. This is a matter about which the G. I.'s themselves feel strongly. They know that where there is danger, there the medic is also. They know that the call goes out for him the minute the enemy really has the range. He is as essential to victory as is the infantryman, to whom his presence may at any moment mean life rather than death. General Eisenhower has recommended to visiting Congressmen, says a wholly credible report from France, that he be given extra combat pay comparable to that of the combat unit he serves.

Secretary Stimson indicates that the case of the man of the Medical Corps presents a separate problem because of his non-combat status under the Geneva Convention, but separate insignia and a separate pay system would seem to clear that hurdle. The Secretary noted also that more Medical Corps men receive technical ratings, thus boosting average pay, but that doesn't help the medic who hasn't his rating nor compensate the corps generally when it leaves a safe spot for the shooting front. We hope for the sake of G. I.'s, as well as of the men of the Medical Corps themselves, that this particular bit of justice need not be longer delayed.

--From the N. Y. Herald Tribune, Dec. 16.

PENICILLIN TREATMENT OF YAWS

The Surgeon General's Office, in cooperation with the Office of the Coordinator of Inter-American Affairs and the Army Epidemiological Board has organized a joint project in Haiti to study the effect of penicillin in the treatment and control of yaws. Yaws is endemic in certain sections of Haiti and the large number of cases affords an excellent reservoir of clinical material for study.

Lieutenant Colonel T. H. Sternberg, MC, Director, Venereal Disease Control Division, Preventive Medicine Service, Office of the Surgeon General, who has had considerable experience with penicillin, went to Haiti this month to cooperate with the American Sanitary Mission of CIAA under the direction of Lieutenant Colonel James H. Dwinelle, MC, Chief of Party, in initiating the project there. He was accompanied by Major Charles R. Rein, MC, Serologist from the Army Medical School. The following week Brigadier General James S. Simmons, USA, Chief of Preventive Medicine Service and Major Douglass W. Walker, MC, Executive Officer, visited the group in Haiti to observe the progress of the project and to assist in the development of plans for its continuation. Also with the group in Haiti were Captain Ralph P. Creer, MAC, and Corporal Bruno Mickelcitt of the Medical Arts Service of the Army Medical Museum.

Colonel Thompson Here

Colonel Lloyd J. Thompson, MC, Consultant in Neuropsychiatry, European Theater of Operations, is now in this country on a tour of temporary duty at the Office of The Surgeon General.

NUTRITION LABORATORY NOW IN CHICAGO

The Medical Nutrition Laboratory, formerly part of the Army Medical School, Army Medical Center, Washington, D. C., has moved to 1849 West Pershing Road, Chicago 9, Ill. Captain George Berryman, SnC, is the acting Commanding Officer and Captain Cyrus French, SnC, is Executive Officer. A new laboratory is being constructed and the scope of the work will be increased. In addition to training nutrition officers, there will be physiological, chemical and bacteriological studies made of nutritional problems pertaining to Army personnel.

COLONEL LANZA RETIRES

Colonel Anthony J. Lanza, MC, Director of the Occupational Health Division, Preventive Medicine Service, Office of The Surgeon General, has retired from active duty to resume his work as Assistant Medical Director of the Metropolitan Life Insurance Company.

Colonel Lanza is recognized as one of America's foremost pioneers in industrial medicine. Early in 1942, at the request of Brigadier General James S. Simmons, USA, Chief of the Preventive Medicine Service, Colonel Lanza entered the Service as Chief of the newly formed Occupational Hygiene Branch with the rank of Lieutenant Colonel, becoming a full Colonel in January, 1944. Under his guidance the Occupational Health Division was organized and the Army developed its industrial medical program. This emergency medical service and protection against industrial hazards has safeguarded the lives of over 800,000 civilians working in Army owned and operated plants, and thus helped to maintain an uninterrupted flow of munitions. So successful has this program been that it has stimulated the interest of, and served as a pattern for many private industrial concerns.

To Colonel Lanza goes the credit for the establishment of the Army Industrial Hygiene Laboratory at Baltimore, Md., which makes surveys and recommendations for the control of occupational hazards on request by any Army branch. He was also instrumental in organizing the Armored Medical Research Laboratory at Fort Knox, Ky., to conduct medical, physiological and engineering research for the Office of The Surgeon General so that our fighting men could be better equipped and prepared to withstand the rigors of adverse climatic conditions.

Colonel Lanza received his M.D. degree from George Washington University, Washington, D. C., in 1906. During his distinguished career, he was Chief Surgeon at the U. S. Bureau of Mines, served as Officer in Charge of the Office of Occupational Diseases in the Public Health Service, was Medical Director of the Hydraulic Steel Co., was Special Staff Member of the International Health Board of the Rockefeller Foundation, in which capacity he was detailed as advisor in industrial hygiene to Australia, and Executive Secretary of the National Health Council in New York City.

Prior to entering the Army, Colonel Lanza was for sixteen years Assistant Medical Director of the Metropolitan Life Insurance Company in charge of industrial hygiene.

Protection Against Foreign Disease

This country has many barriers against diseases from abroad, according to Lieutenant Colonel Phillip Knies, MC, Army Quarantine Liaison Officer, Office of The Surgeon General. Included in our defenses are our sanitary facilities and habits, natural climatic resistance to certain diseases, relative segregation of military personnel, immunization of military personnel against some diseases and prophylaxis against others, medical surveillance of military personnel, sanitized military bases and quarantine at points of embarkation abroad as well as points of debarkation in this country, physical examination at separation centers, and close cooperation between military and civil health authorities.

GENERAL KIRK PRESENTS AWARDS

At special ceremonies at the Office of The Surgeon General, the Legion of Merit was awarded to Lieutenant Colonel R. B. Sigafos, MC, Deputy Director of the Training Division, and the Bronze Star to Captain Ray F. Chesley, SnC. Major General Norman T. Kirk, The Surgeon General, made the presentation.

Colonel Sigafos, whose home is Tacoma, Wash., was cited for the outstanding work he did in training and equipping the medical units for the entire new Chinese First Army. Almost insurmountable obstacles of supply and personnel problems, particularly language differences, had to be overcome in the performance of this job, according to General Kirk.

Captain Chesley, whose home is Hop Bottom, Pa., received his award for his outstanding performance of duty during the 200 mile trip, most of it by foot, that he made with General Stillwell's party when they left Burma in 1942. He was also commended for his 300 mile excursion into Japanese occupied territory in Northeast Burma in 1943 to investigate types of diseases the Army would encounter in that territory.

NEW POSITIONS OPEN FOR EXPERT LIMB FITTERS

Army amputation centers in this country are in immediate need of expert limb fitters. Civilians with the necessary technical background in manufacturing, adapting, repairing or fitting orthopedic appliances are being urged by the Army Medical Department to qualify for the newly created positions of "Orthopedic Technical Advisors". These are Civil Service positions.

A Technical Advisor grade P-4 receives a yearly salary of \$4428 for a 48-hour week. He serves as consultant and advisor to the orthopedic surgeon on the design and construction of artificial limbs, and counsels individual amputees on their use. A Technical Advisor grade P-3 receives a yearly salary of \$3828 for a 48-hour week and acts as assistant, performing specific research, designing and fitting limbs, and training enlisted shop personnel.

Orthopedic shops are located at the six Army general hospitals which are amputation centers: Bushnell General Hospital at Brigham City, Utah; Thomas M. England General Hospital at Atlantic City, N. J.; Percy Jones General Hospital at Battle Creek, Mich; Lawson General Hospital at Atlanta, Ga; McCloskey General Hospital at Temple, Tex; and Walter Reed General Hospital at Washington, D. C.

Inquiries should be directed to The Civil Service Commission or The Office of The Surgeon General, Washington, (25) D. C.

Greetings from The Surgeon General

During the past year, doctors, nurses, medical soldiers, litter bearers, civilian personnel, and volunteer aides of the Medical Department cooperated magnificently throughout this global war to provide the armies of the United States with the best in medical care. For your full and unselfish devotion to the care of the sick and wounded, the entire nation is grateful. As Surgeon General of the Army, I greet you with thanks to every one wherever engaged in this unprecedented humanitarian service.

We face now another, possibly more exacting year together determined to serve each and every patient with all of our strength and all of our skill and to uphold the highest standards of medical service. This is more than arduous work, which you have carried on many, many times in the very turmoil of battle. But your record on these distant fields is unsurpassed. Throughout the New Year, may still greater achievement, good health, and happiness be with you all.

NORMAN T. KIRK,
Major General, U.S. Army,
The Surgeon General.

AWVS TOLD ABOUT HANDICAPPED

An insight into the problems of the disabled soldier was given the American Women's Voluntary Services this month by Major General Norman T. Kirk, The Surgeon General, and Colonel Augustus Thorndike, MC, Director of the Reconditioning Consultants Division, Office of The Surgeon General.

These men are supersensitive, General Kirk told his hearers, and the most important thing that friends and relatives can do is to treat them naturally, letting them help themselves as much as possible. He stressed the fact that public behaviour has to be adjusted so that additional handicaps aren't placed upon disabled soldiers by ill-considered actions, such as shuddering at their afflictions or going to the other extreme of gushing over the men. "By intelligent understanding of their problems and needs," he said, "we can help them along the road to success and happiness."

Looking at the homecoming problem from the other side, Colonel Thorndike told how the wounded soldiers were prepared by Reconditioning in Army hospitals to resume their roles in the community. Carefully presented information, education and orientation, he said, is as important as physical well being and all are included in the Reconditioning Program. This program he described as "an all-inclusive Medical Department activity that cares for the physical, educational, occupational and recreational needs of the soldier patient, while recovering from illness, injury or combat wounds."

ARMY INSECT AND RODENT CONTROL COMMITTEE

The development and use of insecticides and repellents in the prevention of insect-borne diseases among American troops has been one of the outstanding scientific advances of this war. The development of the remarkable insecticide, DDT, was furthered by the formation last February of The Surgeon General's DDT Committee which acted in a supervisory and coordinating capacity. However, since the Insect Control Committee of the Office of Scientific Research and Development is now coordinating basic research on this subject, The Surgeon General's DDT Committee has been dissolved and superseded by a new committee to make recommendations for the solution of all insect and rodent control problems of the Army.

Major General Norman T. Kirk, The Surgeon General, is chairman of the Committee, known as the "Army Committee for Insect and Rodent Control," and Lieutenant Colonel Arnold L. Ahnfeldt, MC, Director of the Sanitation and Hygiene Division, Preventive Medicine Service, Office of The Surgeon General, has been appointed Executive Chairman.

At its first meeting, November 27, the Committee reviewed the research and development in insect and rodent control during the past three years and formed subcommittees on Research and Development; Field Uses; Production, Allocation and Distribution; and Training.

Veterinary Unit Honored for Food Inspection Service

The Meritorious Service Unit Plaque has been awarded by the Commanding General of the Seventh Service Command to the Medical Detachment (Veterinary Service), 1745th Service Command Unit, Fort Omaha, Neb., for its superior performance and outstanding devotion to duty in connection with food inspection activities during the past two years. The citation declares that "this unit achieved and maintained a high degree of military and professional efficiency throughout a period of two years as evidenced by superior individual conduct of its personnel, high esprit de corps, and superior overall administrative record combined with outstanding discipline and morale."

NEW CONVALESCENT HOSPITAL ESTABLISHED

The War Department has announced the establishment of a new convalescent hospital at Camp Upton, N. Y. The hospital will be under the command of Colonel Edward A. Coates, MC.

SGO Officers at Senate Hearing

Brigadier General James S. Simmons, USA, Chief of the Preventive Medicine Service, Office of The Surgeon General, and Brigadier General Stanhope Bayne-Jones, Deputy Chief, were invited by Senator Pepper to testify at the recent hearing held by the Subcommittee on Wartime Health and Education of the Senate Committee on Education and Labor. They told the Subcommittee about the Army's past and present medical research, testified to the need for civilian medical research and expressed the interest of the Surgeon General's Office in the continuation of an extensive program of military and civilian medical research.

NOVEL CHRISTMAS GIFT

If Santa arrived overseas on time, the staff of the 20th General Hospital, spending their second holiday season in India, were nevertheless able to see their home folks this Christmas -- on the screen!

This novel Christmas gift, from the University of Pennsylvania where the Unit was organized, is the work of Dr. Louis E. Twyeffort, an instructor in psychiatry at the School of Medicine, who planned, directed and filmed it, according to the N.Y. Herald Tribune. There are nine reels, three of which show members of the families of the medical men, dentists and others serving with the Unit; two are devoted to families of nurses and the other four reels are devoted to personalities and places well known to all who have been associated with the University's medical divisions.

When the 20th General Hospital Unit left the University of Pennsylvania for active service in 1942 it included about sixty physicians, surgeons, dentists and other officers and more than 100 nurses.

GENERAL LULL TALKS ON WAR-TIME ACTIVITIES

In his address to the graduating class of Southwestern University Medical School at Dallas, Tex., Major General George F. Lull, USA, Deputy Surgeon General, sketched the work of the Army Medical Department in wartime.

Pointing out that treatment and evacuation of wounded must go hand in hand, General Lull described how the problem of saving lives varies in different theaters of war. He contrasted the carefully planned, smoothly regulated chain of evacuation from the Normandy Beachhead with the difficulties under which wounded were evacuated in some Southwest Pacific areas where "small portable hospitals had to be carried forward over mountain trails through jungle to the rear of the fighting troops" and "cases were operated on in the jungle and had to be carried for miles until they could be placed in jeeps."

The reasons for lower mortality rates compared to World War I may be charged to three things, General Lull said: better surgery, done earlier; blood plasma; and chemotherapy. In connection with the latter he stated that the results of the so-called sulfa drugs have been much more spectacular in medicine than in surgery, and cited the lowering of the mortality rate for cerebrospinal meningitis of meningococcic origin to less than one-fourth what it was in World War I, and that of pneumonia from 35% in the last war to under 1%. Penicillin, too, he said, had proven its worth in many types of medical cases, notably in the venereal diseases. "Of course," he added, "one of the most important functions of the Medical Department is the prevention of disease. Great strides have been made in this field during the present war."

In conclusion General Lull warned that the load of casualties returned to this country will not reach its peak until long after hostilities cease and the need for medical, dental and nursing care will continue for many months after the armistice is signed.

Major Monroe to Civil Affairs School

Major Sanford Monroe, MC, of Fort Douglas, Utah, who for the past month has been on duty at the Office of The Surgeon General conferring on problems of nutrition among civilians in occupied territories, has left to attend the School of Civil Affairs at the University of Virginia.

WHOLE BLOOD QUOTA RAISED

In his talk on the Army Hour broadcast over the National Broadcasting Company Network, Major General Paul R. Hawley, Chief Surgeon of the European Theater of Operations, said that the pre-invasion estimate of blood transfusions of one pint for every five wounded men was too low. "Battle experience," he said, "has shown that we must have one pint for every two casualties."

Five special centers have been set up on the East Coast and three on the West Coast where "O" type blood is collected and flown daily to the theaters of operations.

Colonel Churchill Returns

Colonel Edward D. Churchill, Surgical Consultant of the North African Theater of Operations, has returned to this country and is on temporary duty with the Surgical Consultants Division of the Office of The Surgeon General. Shortly after his return he spoke extemporaneously at the Southern Surgical Association meeting in Hot Springs, Virginia.

GENERAL STYER'S SON PRAISES MEDICS

"It will be three weeks tomorrow that I was wounded," wrote Captain G. D. Styer from New Guinea to his father, Lieutenant General Wilhelm D. Styer, who is Chief of Staff for Army Service Forces. "I can't praise these doctors, nurses and ward men enough. They do a fine job and are so overworked but you never hear one word of complaint from them. All the past jests of 'pill rollers' and the 'bed pan' Brigade are remembered with a good deal of shame. I was in a dressing station on the beach five minutes after I was hit, and although the aid station itself was under fire, the medics worked on unconcerned as if they were at a picnic."

RECENT PROMOTIONS, MEDICAL CORPS OFFICERS

Lieutenant Colonel to Colonel

PAUL ANDREW CAMPBELL, Chicago, Ill.
SYLVESTER CLEMENS MISSAL, Cleveland, Ohio.
RALPH MOODY PATTERSON, Texas.
THAIR COZZENS RICH, Utah.
CHARLES JOSEPH MIANGOLARRA, New Orleans, La.
OSCAR BLITZ, New Orleans, La.
JOHN WALKER STEWART, St. Louis, Mo.
JOSEPH FRANCIS SADUSK, JR., New Haven, Conn.

Major to Lieutenant Colonel

CARROL STEINER SVARE, North Dakota.
LOUIS BERNHARD ARNOLD, New Orleans, La.
SPENCER BRADEN, Cleveland Ohio.
GILBERT JOHNSTON McKELVEY, Portland, Ore.
MILTON STRONG THOMPSON, Portland, Maine.
GEORGE EDWARD ZUKOVICH, San Diego, Calif.
GEORGE ROBERT BLALOCK, Welfare Island, N. Y.
ROY VINCENT BOEDKER, St. Louis, Mo.
CLARENCE LUCAS GARDNER, Aurora, Ill.
CHARLES EVERETT LEMMON, Detroit, Mich.
ROBERT ROYER STONER, York Spring, Pa.
LAWRENCE HOLLIDAY STRUG, New Orleans, La.
JOSEPH OSWALD WEILBAECHER, JR., New Orleans, La.
JAMES STUART McQUISTON, Cedar Rapids, Iowa.
DANIEL HENRY MAUNZ, Bradford, Pa.
MAX RULNEY, New York, N. Y.

ARMY'S PLASTIC EYE

A new plastic eye is being made by the Army which is lighter and more durable than glass and can be tinted to duplicate the appearance of the natural eye and fitted to provide as much motility as possible, thereby avoiding the appearance of staring.

First step in making the eye is to paint the "iris" -- a thin celluloid disc, only one-ten-thousandths of an inch thick. The "iris" is then embedded in a tiny plastic lens of acralain -- a plastic that has been used in dentistry for the last ten years.

The impression of the patient's eye socket is made with a new type compound, an alignate plastic, that is chemo-setting. This, mixed with water to make a paste, is injected with a syringe under the eye-lid at body temperature without causing pain or discomfort. It sets to a rubber-like consistency in five minutes and is removed painlessly, giving a permanent record of every tissue contour within the socket. A plaster cast is then made from this replica and used to mold a wax model of the eye-ball. The iris button is fitted into the wax and the whole unit is then fitted to the patient. The body temperature melts the wax slightly to produce an even better fit.

A second cast is then made from this wax replica, the wax is melted away and the cavity filled with acrylic resin, tinted the shade of the patient's natural eye-ball. This is baked for an hour under a half ton of pressure. When it comes from the cast it has on its front surface the tiny disc of the iris. It is then polished and the "veins" are applied -- tiny rayon fibres, an innovation by Captain Don Cash of Beaumont General Hospital, El Paso, Texas.

As a final step, the whole eye is dipped in a clear plastic solution which produces a gleaming coating similar to the layer of liquid covering the natural eye.

This plastic eye is so durable it can be dropped on the floor and stepped on without injury.

Credit for developing the eye goes to three dental officers; Captain Stanley F. Erpf, Major Milton S. Wirtz and Major Victor H. Dietz who were working independently before they were brought together at Valley Forge General Hospital to found the artificial eye laboratory. Technicians are now being trained within 30 days to make these eyes.

NEW ASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

MAJOR PAUL B. LINGENFELTER, MC, of Clinton, Okla., formerly at Fort Ord, Calif., assigned to Civil Public Health Division, Preventive Medicine Service.

CAPTAIN CHARLES R. TITTLE, MC of Abington, Pa., formerly at Lovell General Hospital, assigned to Technical Division, Operations Service.

SECOND LIEUTENANT HAROLD P. JAMES, MAC, of St. Louis, Mo., formerly at Fort Dix, New Jersey, assigned to Historical Division.

DEPARTURES, OFFICE OF THE SURGEON GENERAL

COLONEL PAUL A. PADEN, MC of Arkansas, formerly Chief, Personnel Service, assigned to Headquarters, 8th Service Command, Dallas, Tex.

LIEUTENANT COLONEL CHARLES H. MOSELEY, MC, of South Carolina, formerly Deputy Director, Training Division, Operations Service, assigned overseas.

LIEUTENANT COLONEL DAVID E. QUINN, Jr., MC, of Livermore, Calif., formerly Professional Inquiries Unit, Professional Administrative Service, assigned to Veterans Administration Facility, Oteen, North Carolina.

MAJOR GEORGE E. HOWARD, MAC, of Chicago, Ill., formerly Stock Control Division, Supply Service, assigned to Requirements and Stock Control Division, Headquarters, ASF, Washington, D. C.

CAPTAIN BRENDA B. BOYNTON, MAC, of Dorchester, Mass., formerly Women's Health and Welfare Unit, Professional Administrative Service, assigned to Hoff General Hospital, Santa Barbara, Calif.

Colonel Warren Appointed to NRC

Lieutenant Colonel Leon H. Warren, MC, of Philadelphia, Pa., has been appointed as a member of the National Research Council; representing the War Department in the Division of Medical Sciences. Colonel Warren is now Assistant Director, Technical Division, Office of The Surgeon General, and Liaison Officer to the National Inventors Council.

Born in Augusta, Me., Colonel Warren received the degrees of bachelor of arts from Colby College, doctor of medicine from the University of Pennsylvania, and master of medical science in dermatology and syphilology from the Graduate School of Medicine of the University of Pennsylvania. He is a diplomate of the American Board of Dermatology and Syphilology and a member of the American College of Physicians. A member of the research staff of the National Institute of Health prior to the war, Colonel Warren was commissioned as a captain, Medical Corps Reserve in 1941, promoted to major, A.U.S. in 1942, and to lieutenant colonel, A.U.S. in 1944.

GENERAL KIRK COMMENDS INFANTRYMAN

A soldier had received a wound in the neck over the tracheal area. He was turning blue in the face, gasping and apparently suffocating from the injury to his windpipe when T/4 Duane N. Kinman, then a private in the 5th Infantry Division fighting in Germany reached his side. Remembering the lectures he had received on the care of such a wound, Kinman whipped out his jackknife, opened the windpipe, and used part of the wounded man's fountain pen as a wedge to keep the wound open to prevent suffocation. For his prompt and skillful application of his "medic" training, the following personal letter of commendation was forwarded T/4 Kinman from Major General Norman T. Kirk, The Surgeon General:

"I have noted with pleasure recent publicity concerning your courageous act on the field of battle when under the most difficult of situations, you saved the life of a fellow soldier by performing an emergency tracheotomy.

"Your actions under the circumstances were in accordance with the highest standards of the medical soldier and reflect credit on the training, calibre, and resourcefulness of the enlisted men of the Medical Department, U. S. Army.

"May I also congratulate you on the offer of a medical education made by the President of Western Reserve University, according to newspaper reports."